



Frequently Asked Questions for Healthcare Providers

Mumps

What are the symptoms of mumps?

The most common symptoms of mumps include:

- Fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Swollen and tender salivary glands under the ears on one or both sides (parotitis)

Some people, however, have very mild or no symptoms and often they do not know they have the disease.

How is mumps spread?

Mumps is a contagious disease caused by a virus. It spreads through saliva or mucus from the mouth, nose, or throat. It likely spreads before the salivary glands begin to swell and up to five days after the swelling begins.

An infected person can spread the virus by:

- kissing, coughing, sneezing, or talking
- sharing items, such as cups or eating utensils, with others
- touching objects or surfaces with unwashed hands that are then touched by others

What is the incubation period for mumps?

Symptoms typically appear 16 to 18 days after infection, but this period can range from 12 to 25 days after infection.

If I suspect a clinic patient is infected with mumps, what precautionary measures should be taken?

Ensure that every clinic patient with upper respiratory symptoms is seen as soon as possible. The patient should wear a face mask in addition to standard precautions (respiratory hygiene, cough etiquette).

If I suspect a patient is infected with mumps, what testing should be ordered?

Obtain a buccal swab. Prior to swabbing the area around the Stensen's duct gland, massage the parotid area for 30 seconds. Synthetic swabs are preferred over cotton swabs. Also collect blood for serologic IgM testing. Collect 7-10ml of blood in a red-top or serum-separator tube. Store the serum at 4°C and ship on wet ice packs.

The acute-phase serum and clinical samples for detection of virus should be collected as soon as possible upon suspicion of mumps disease. The early collection of buccal swab specimens provides the best means of laboratory confirmation, particularly among suspected mumps patients with a history of vaccination.

What should people infected with mumps do to prevent spreading it to others?

People infected with mumps should avoid prolonged, close contact with other people until five days after symptoms began or until they are well, whichever is longer. Infected people should stay home and limit contact with persons they live with; for example, sleep by themselves in a separate room if they can. Staying home while sick with mumps is an important way to avoid spreading the virus to other people.

Where have cases of mumps recently been identified in Iowa?

While cases of mumps are being identified all over Iowa, most cases are associated with students at the University of Iowa.

Can people who have been vaccinated with MMR still be infected with mumps?

The MMR vaccine prevents most, but not all cases of mumps and complications caused by the disease. Two doses of the vaccine are about 88 percent effective at preventing mumps; one dose is about 78 percent effective.

People who have received two doses of the MMR vaccine are about nine times less likely to get mumps than unvaccinated people who have the same exposure to mumps virus. However, some people who receive two doses of MMR can still get mumps, especially if they have prolonged, close contact with someone who has the disease. If a vaccinated person does get mumps, they will likely have less severe illness than an unvaccinated person.

Should everyone get a third dose of MMR vaccine to protect against mumps?

When mumps cases are occurring at colleges or universities, national criteria are used to determine when a third dose of MMR should be recommended. These criteria are based on the number of people at the university who have become ill. These criteria have been met for the University of Iowa student body; therefore, a third dose of MMR is currently being recommended for University of Iowa students less than 25 years of age.

No other colleges or universities in Iowa have met the national criteria; therefore, a third dose of MMR vaccine has not been recommended by public health officials.

What should I do after seeing a clinic patient suspected of being infected with mumps?

Perform routine cleaning of the examination room. Ensure all staff and other patients are fully vaccinated.

What should I do if I diagnose a patient with mumps?

The diagnosis should be reported to public health through their normal disease reporting streams.

Healthcare providers should reinforce that the infected person should not go back to school, work, or other public places until five days after symptoms began or until they are well, whichever is longer.

People who have been in contact with an infected person should have their immunization status evaluated. Anyone who is not immune or has not received two doses of a MMR should be vaccinated. Persons who may have been exposed should be educated on the signs and symptoms of mumps disease, and should be instructed to seek medical attention as soon as any of these symptoms begin.

What general prevention messages should healthcare providers share with all patients?

Healthcare providers should educate all patients on healthy habits, such as:

- Covering your mouth and nose with a tissue when you cough or sneeze, and putting your used tissue in the trash can. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Washing your hands often with soap and water.
- Avoiding sharing drinks or eating utensils.
- Disinfecting frequently touched surfaces, such as toys, doorknobs, tables, counters.
- Be up-to-date on the MMR vaccine.